

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION**

IN THE MATTER OF:	)	
	)	Chapter 7
AMBER NICOLE REESE,	)	
	)	Case No. 22-56207-pmb
Debtor.	)	
	)	Judge Baisier
	)	

**AMENDMENTS TO CHAPTER 7 PETITION – SCHEDULE J AND FORM 122A-1**

Comes now, AMBER NICOLE REESE, Debtor, and files these amendments to her Chapter 7 petition as follows:

1.

This case was filed on August 10, 2022. The 341 meeting of creditors was held on September 13, 2022.

2.

Debtor hereby amends Schedule J (Expenses) and Form 122A-1 (Chapter 7 Statement of Current Monthly Income) of her petition to note that her dependent daughter aged 9 lives with her father in the property located at 25 Gum Creek Landing, Oxford, Georgia 30054. The amended 122A-1 uses a median income for a household of two.

3.

Debtor is also submitting the amended Summary of Schedules, Statistical Summary of Certain Liabilities and Related Data, and Creditor Matrix.

WHEREFORE, Debtor prays that this Court accept the foregoing amendments.

Date: October 31, 2022.

Respectfully submitted,  
GINSBERG LAW OFFICES, P.C.

by:     /s/ Susan S. Blum      
Susan S. Blum  
GA Bar No. 111315

1854 Independence Square  
Atlanta, GA 30360  
770-393-4985  
blumlawfirm@gmail.com

**Verification**

I, AMBER NICOLE REESE, Debtor in the above-styled Chapter 7 case certify that the foregoing amendments are true and correct to the best of my knowledge.

Date: October 31, 2022.

/s/  
Amber Nicole Reese  
Debtor

**CERTIFICATE OF SERVICE**

I, Susan S. Blum, certify that I served copies of Debtor's First Amendments to Chapter 7 Petition – Amendments to Schedule J and Form 122A-1 by U.S. Mail, with adequate postage thereon, by e-mail and/or electronically through the CM/ECF Noticing System addressed to the following:

Chapter 7 Trustee  
S. Gregory Hays  
Hays Financial Consulting, LLC  
2964 Peachtree Rd, Ste 555  
Atlanta, GA 30305

United States Trustee  
Russell Federal Bldg.  
75 Spring Street, 3rd Floor  
Atlanta, GA 30303

*And to all creditors on attached mailing matrix*

DATED: 10/31/22

BY: /s/ Susan S. Blum  
Susan S. Blum  
Attorney for Debtor  
GA Bar No. 111315

Ginsberg Law Offices, P.C.  
1854 Independence Square  
Atlanta, GA 30338  
(770) 393-4985  
blumlawfirm@gmail.com

Fill in this information to identify your case:

Debtor 1 Amber Nicole Reese

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number 22-56207  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

9

☒ No

☐ Yes

☐ No

Daughter

14

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 450.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 17.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Amber Nicole Reese**

Case number (if known) **22-56207**

6. <b>Utilities:</b>								
6a. Electricity, heat, natural gas	6a. \$	<b>100.00</b>						
6b. Water, sewer, garbage collection	6b. \$	<b>25.00</b>						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>265.00</b>						
6d. Other. Specify: _____	6d. \$	<b>0.00</b>						
7. <b>Food and housekeeping supplies</b>	7. \$	<b>500.00</b>						
8. <b>Childcare and children's education costs</b>	8. \$	<b>0.00</b>						
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$	<b>125.00</b>						
10. <b>Personal care products and services</b>	10. \$	<b>0.00</b>						
11. <b>Medical and dental expenses</b>	11. \$	<b>25.00</b>						
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>300.00</b>						
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>0.00</b>						
14. <b>Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>						
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	<b>0.00</b>						
15b. Health insurance	15b. \$	<b>0.00</b>						
15c. Vehicle insurance	15c. \$	<b>97.00</b>						
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>						
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____								
	16. \$	<b>0.00</b>						
17. <b>Installment or lease payments:</b>								
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>						
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>						
17c. Other. Specify: _____	17c. \$	<b>0.00</b>						
17d. Other. Specify: _____	17d. \$	<b>0.00</b>						
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>								
	18. \$	<b>0.00</b>						
19. <b>Other payments you make to support others who do not live with you.</b>								
	\$	<b>0.00</b>						
Specify: _____								
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>								
20a. Mortgages on other property	20a. \$	<b>0.00</b>						
20b. Real estate taxes	20b. \$	<b>0.00</b>						
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>						
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>						
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>						
21. <b>Other:</b> Specify: <b>Children's extracurricular activities, incl band</b>								
	21. +\$	<b>100.00</b>						
22. <b>Calculate your monthly expenses</b>								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td><b>2,004.00</b></td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td><b>2,004.00</b></td> </tr> </table> </div>		\$	<b>2,004.00</b>	\$		\$	<b>2,004.00</b>
\$			<b>2,004.00</b>					
\$								
\$	<b>2,004.00</b>							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
23. <b>Calculate your monthly net income.</b>								
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<b>947.00</b>						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>2,004.00</b>						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .								
	23c. \$	<b>-1,057.00</b>						
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
<input checked="" type="checkbox"/> No.								
<input type="checkbox"/> Yes. Explain here: _____								

## Fill in this information to identify your case:

Debtor 1	<b>Amber Nicole Reese</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF GEORGIA		
Case number (if known)	22-56207		

☐ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

## Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 207,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 9,330.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 216,330.00

## Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 143,027.00
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ 50,076.09
<b>Your total liabilities</b>		\$ 193,103.09

## Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ 947.00
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ 2,004.00

## Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to

Debtor 1 **Amber Nicole Reese**  
the court with your other schedules.

Case number (if known) **22-56207**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **947.00**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>0.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <b>0.00</b>

**Fill in this information to identify your case:**

Debtor 1 **Amber Nicole Reese**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

Case number **22-56207**  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X **/s/ Amber Nicole Reese**  
**Amber Nicole Reese**  
Signature of Debtor 1

Date **October 31, 2022**

X \_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Amber Nicole Reese

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Georgia

Case number 22-56207  
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

## Official Form 122A - 1

## Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

**Part 1: Calculate Your Current Monthly Income**

## 1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	--

- |  |           |                      |
|--|-----------|----------------------|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).   | \$ 0.00   | \$                   |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.   | \$ 0.00   | \$                   |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ 947.00 | \$                   |
| 5. Net income from operating a business, profession, or farm   |           |                      |
| Debtor 1   |           |                      |
| Gross receipts (before all deductions)   | \$ 0.00   |                      |
| Ordinary and necessary operating expenses  | -\$ 0.00  |                      |
| Net monthly income from a business, profession, or farm  | \$ 0.00   | Copy here -> \$ 0.00 |
| 6. Net income from rental and other real property  |           |                      |
| Debtor 1   |           |                      |
| Gross receipts (before all deductions)   | \$ 0.00   |                      |
| Ordinary and necessary operating expenses  | -\$ 0.00  |                      |
| Net monthly income from rental or other real property  | \$ 0.00   | Copy here -> \$ 0.00 |
| 7. Interest, dividends, and royalties  | \$ 0.00   | \$                   |



Debtor 1 **Amber Nicole Reese**Case number (if known) **22-56207**Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse**8. Unemployment compensation**\$ **0.00**

\$

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**

For your spouse \$

- 9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ **0.00**

\$

- 10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below..

\$ **0.00**

\$

\$ **0.00**

\$

+ \$ **0.00**

\$

Total amounts from separate pages, if any.

- 11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ **947.00**

+

\$

= \$ **947.00**Total current monthly  
income**Part 2: Determine Whether the Means Test Applies to You**

- 12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>**\$ **947.00**

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ **11,364.00**

- 13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

**GA**

Fill in the number of people in your household.

**2**

Fill in the median family income for your state and size of household.

13. \$ **71,504.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

- 14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Amber Nicole Reese****Amber Nicole Reese**

Signature of Debtor 1

Debtor 1 **Amber Nicole Reese**

Case number (if known) **22-56207**

Date **October 31, 2022**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1 **Amber Nicole Reese**

Case number (if known) **22-56207**

### Current Monthly Income Details for the Debtor

#### Debtor Income Details:

Income for the Period **02/01/2022** to **07/31/2022**.

#### Line 4 - Child support income (including foster care and disability)

Source of Income: **Child support**

Income by Month:

6 Months Ago:	<u>02/2022</u>	<u>\$947.00</u>
5 Months Ago:	<u>03/2022</u>	<u>\$947.00</u>
4 Months Ago:	<u>04/2022</u>	<u>\$947.00</u>
3 Months Ago:	<u>05/2022</u>	<u>\$947.00</u>
2 Months Ago:	<u>06/2022</u>	<u>\$947.00</u>
Last Month:	<u>07/2022</u>	<u>\$947.00</u>
Average per month:		<u>\$947.00</u>

Label Matrix for local noticing  
113E-1  
Case 22-56207-pmb  
Northern District of Georgia  
Atlanta  
Mon Oct 31 13:29:16 EDT 2022

(p)BANK OF AMERICA  
PO BOX 982238  
EL PASO TX 79998-2238

Bay Area Credit Service LLC  
4145 Shackleford Rd, Ste 330B  
Norcross, GA 30093-3541

Capital One Auto Finance  
CB Disputes Team  
PO Box 259407  
Plano, TX 75025-9407

Cherice A. Tadday, Esq.  
Roosen, Varchetti & Olivier  
PO Box 1186  
Smyrna, GA 30081-1186

Concussion Institute  
Northside Hospital Gwinnett  
1000 Medical Center Blvd  
Lawrenceville, GA 30046-7694

Darnell Quick Recovery Inc.  
PO Box 2416  
Covington, GA 30015-7416

Experian  
701 Experian Pkwy  
Box 2002  
Allen, TX 75013-3715

Gwinnett Co Fire & Emergency  
408 Hurricane Shoals Rd, NE  
Lawrenceville, GA 30046-4406

IRS  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Ad Astra Recovery Services  
7330 W 33rd Street N, #118  
Wichita, KS 67205-9370

Bank of America, N.A.  
PO Box 673033  
Dallas, TX 75267-3033

Susan S. Blum  
Ginsberg Law Offices, P.C.  
1854 Independence Square  
Atlanta, GA 30338-5150

Capital One Auto Finance, a division of Capi  
AIS Portfolio Services, LLC  
4515 N Santa Fe Ave. Dept. APS  
Oklahoma City, OK 73118-7901

ChexSystems  
Attn: Consumer Relations  
7805 Hudson Road, Suite 100  
Woodberry, MN 55125-1703

Credence Resource Management  
4222 Trinity Mills Rd, Ste 260  
Dallas, TX 75287-7666

Directv, LLC  
by American InfoSource as agent  
4515 N Santa Fe Ave  
Oklahoma City, OK 73118-7901

(p)FIRST NATIONAL BANK  
ATTN BANKRUPTCY  
1500 S HIGHLINE AVE  
SIOUX FALLS SD 57110-1003

Gwinnett Co Fire & Emergency  
PO Box 935335  
Atlanta, GA 31193-5335

LVNV Funding LLC  
c/o Resurgent Capital Services  
PO Box 1269  
Greenville, SC 29602-1269

American Recovery Service  
A Patrick K. Willis Company  
PO Box 4917  
El Dorado Hills, CA 95762-0026

Michael J. Bargar  
Rountree Leitman Klein & Geer LLC  
Century Plaza I  
2987 Clairmont Road, Suite 350  
Atlanta, GA 30329-4435

Brian Reese  
25 Gum Creek Landing  
Oxford, GA 30054-2743

Capital One Auto Finance, a division of Capi  
4515 N. Santa Fe Ave. Dept. APS  
Oklahoma City, OK 73118-7901

Children's Healthcare of Atl.  
PO Box 116210  
Atlanta, GA 30368-6210

(p)DIRECTV LLC  
ATTN BANKRUPTCIES  
PO BOX 6550  
GREENWOOD VILLAGE CO 80155-6550

Equifax Credit Info. Services  
PO Box 740241  
Atlanta, GA 30374-0241

(p)GEORGIA DEPARTMENT OF REVENUE  
COMPLIANCE DIVISION  
ARCS BANKRUPTCY  
1800 CENTURY BLVD NE SUITE 9100  
ATLANTA GA 30345-3202

S. Gregory Hays  
Hays Financial Consulting, LLC  
Suite 555  
2964 Peachtree Road  
Atlanta, GA 30305-4909

LVNV Funding, LLC  
Resurgent Capital Services  
PO Box 10587  
Greenville, SC 29603-0587

Richard B. Maner  
Richard B. Maner, P.C.  
Suite 200  
180 Interstate N Parkway  
Atlanta, GA 30339-2106

NC Financial  
175 W. Jackson Blvd, Ste 1000  
Chicago, IL 60604-2863

NCO Financial Systems  
507 Prudential Road  
Horsham, PA 19044-2308

NGRCA  
224 North Hamilton Street  
Dalton, GA 30720-4214

National Arbitration Forum  
PO Box 50191  
Minneapolis, MN 55405-0191

National Medical Administrator  
PO Box 924047  
Norcross, GA 30010-4047

Northside Hospital  
1001 Summit Blvd  
First Floor  
Atlanta, GA 30319-6421

Northside Hospital  
P.O. Box 101757  
Atlanta, GA 30392-1757

Office of the United States Trustee  
362 Richard Russell Building  
75 Ted Turner Drive, SW  
Atlanta, GA 30303-3315

Piedmont Newton Hospital  
5126 Hospital Dr NE  
Covington, GA 30014-2566

(p)PLAZA SERVICES LLC  
ATTN MANNY WILLIAMS  
110 HAMMOND DRIVE  
SUITE 110  
ATLANTA GA 30328-4806

(p)PORTFOLIO RECOVERY ASSOCIATES LLC  
PO BOX 41067  
NORFOLK VA 23541-1067

Amber Nicole Reese  
1100 Billy McGee Road  
Lawrenceville, GA 30045-7922

Select Portfolio Servicing Inc  
3217 S. Decker Lake Dr  
Salt Lake City, UT 84119-3284

Sibley Heart Center Cardiology  
202 Village Center Pkwy  
Stockbridge, GA 30281-9044

Summit Radiology Services  
PO Box 200096  
Cartersville, GA 30120-9002

(p)TELECHECK SERVICES INC  
P O BOX 6806  
HAGERSTOWN MD 21741-6806

TransUnion Consumer Solutions  
PO Box 2000  
Chester, PA 19016-2000

United States Attorney  
Northern District of Georgia  
75 Ted Turner Drive SW, Suite 600  
Atlanta GA 30303-3309

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified  
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Bank of America  
P.O. Box 982235  
El Paso, TX 79998-2235

DIRECTV  
P.O. Box 6550  
Englewood, CO 80155-6550

First National Bank  
500 E 60th St N  
Sioux Falls, SD 57104

Georgia Department of Revenue  
Bankruptcy Group  
P.O. Box 161108  
Atlanta, GA 30321

Plaza Services, LLC  
110 Hammond Dr, Ste 110  
Atlanta, GA 30328

Portfolio Recovery Associates  
120 Corporate Boulevard  
Norfolk, VA 23502

TeleCheck Services, Inc.

6200 South Quebec Street

Suite 430

Greenwood Village, CO 80111

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)SELECT PORTFOLIO SERVICING INC

End of Label Matrix

Mailable recipients 48

Bypassed recipients 1

Total 49